

five-year delay in the onset of cardiovascular disease could save an estimated \$69 billion a year.

Your amendment would be a first step toward fulfilling the commitment made by the Senate through the Mack Sense of the Senate calling for a doubling of the NIH in the next five years. We understand this would in no way take the place of the Congressional appropriations to the NIH.

Unless we discover better ways to treat, prevent or postpone diseases of aging, the costs to the nation will grow exponentially in the decades ahead. Again, I commend you and your colleagues invaluable support for a strong national investment in medical research.

Best regards,

DANIEL PERRY,
Executive Director.

AUTISM SOCIETY OF AMERICA,
Bethesda, MD, June 25, 1997.

Hon. TOM HARKIN,
Hon. ALFONSE D'AMATO,
Hon. ARLEN SPECTER,
Hon. CONNIE MACK,
Hon. THOMAS DASCHLE,
Hon. BARBARA BOXER,
Hon. JOHN ROCKEFELLER.

DEAR SENATORS: I am writing on behalf of the Autism Society of America to support your amendment to establish a National Fund for Health Research with additional savings that may result from changes made by the Balanced Budget Act which exceed the savings called for in the Budget Resolution. As the amount of discretionary funds available for medical research funding continues to shrink, we must find other ways to ensure that our research infrastructure is maintained.

Autism is a developmental disability that typically appears during the first three years of life. It is believed to be a genetically-based neurological disorder that affects more than 400,000 individuals in the United States, making it the third most prevalent developmental disability. Autism is four times more prevalent in boys than girls, and knows no racial, ethnic nor social boundaries. Family income, lifestyle, and educational levels do not affect the chance of autism's occurrence. The estimated health care cost associated with autism is greater than \$13 billion a year.

At the present time, there is no prevention, treatment, or cure for autism. Our only hope in better understanding autism is through research. NIH is embarking on many exciting research endeavors focused on autism. In fact, NIH Director Harold Varmus has said numerous times that the time is right for autism research—we now have the tools to help us begin to unlock the mysteries of this disorder.

We appreciate your commitment to identify an additional source of funding for medical research and for giving individuals with autism the hope that through research we will find a treatment and cure.

Sincerely,

SANDRA H. KOWNACKI,
President.

DEPRESSIVE AND MANIC-
DEPRESSIVE ASSOCIATION,
Chicago, IL, June 25, 1997.

Hon. TOM HARKIN,
Hon. ALFONSE D'AMATO,
Hon. ARLEN SPECTER,
Hon. CONNIE MACK,
Hon. THOMAS DASCHLE,
Hon. BARBARA BOXER,
Hon. JOHN ROCKEFELLER.

DEAR SENATORS: Medical Research is critical to individuals suffering for depressive illnesses. On behalf of the more than 65,000

members of the National Depressive and Manic-Depressive Association I am writing to support your amendment to establish a National fund for Health Research.

Depressive illnesses are treatable diseases. Without the research advances we have seen over the last 20 years, many individuals suffering from depressive illnesses would not have the opportunities they have today to participate as contributing members of our society. New therapeutics which have been developed through research are giving them this chance.

In any given year, 17.4 million American adults have some form of depressive illness such as major depression, bipolar disorder, or chronic, moderate depression. These conditions account for more than \$148 billion in direct health care costs, and indirect costs. Such as lost work days for patients and care givers. Investments in biomedical and behavioral research on mental disorders are imperative for preventing and treating these debilitating illnesses and controlling the costs associated with them.

Thank you for your efforts to expand our national commitment to medical research!

Sincerely,

LYDIA LEWIS,
Executive Director.

Mr. BIDEN. Mr. President, this budget bill—which would put us on a path to eliminating the budget deficit in the year 2002—contains numerous reforms of the Medicare program. In addition, the bill would restore short-term solvency to Part A of Medicare—the part that pays hospital bills and will otherwise be bankrupt in four years. I have no objection to most of the Medicare reform provisions, and I will vote for this bill overall.

However, I want to talk briefly about two provisions that I oppose and explain why I voted to take them out of this bill.

First, Mr. President, this bill would raise the age at which a person becomes eligible for Medicare from the current age 65 to age 67. I voted to keep the eligibility age at 65. While this increase would be gradual and would be phased in over the next 30 years—so it would not affect any current seniors—I think it moves us in the wrong direction. What we should be doing is making sure that more, not fewer, people have health insurance.

Changing the current law so that today's workers will have to wait until they are 66 or 67 before they become eligible for Medicare threatens to add millions of people to the rolls of the uninsured. It is my understanding that 70 percent of Americans who retire between the ages of 60 and 65 will have no health insurance through their employers. If they have health insurance at all, they are paying exorbitant rates to buy it on their own.

Increasing the eligibility age for Medicare by 2 years would leave most of these people unprotected for 2 more years. This result is totally counter to why we created Medicare in the first place: To make sure that older Americans have access to health care services when they are likely to need it the most. Raising the eligibility age for Medicare without addressing the issue of those who will lose—or those who

will continue not to have—health insurance is a glaring gap in this proposal.

Now, it has been argued by supporters of this change that because the Social Security retirement age will gradually increase to age 67, the eligibility age for Medicare should increase at the same time. But, Mr. President, there is no rational basis for linking Social Security and Medicare. They are two separate and distinct programs. If it is good policy to raise the Medicare eligibility age to 67—which I do not think it is at this time—then those arguments need to be presented. It is not good enough simply to say, "Well, that's what we're doing with Social Security." And, I should note, that even when the Social Security retirement age increases, people will still have the option of early retirement at age 62. That is not the case with Medicare. It is all or nothing. And, we should not tell people between 65 and 67 that they get nothing.

The second provision that I opposed would have—for the first time—imposed means testing on higher income seniors. Under the plan, the monthly premiums for Medicare part B, which pays for doctor services, would have been based on how much income a person has. Now, I have long said that I believe it is not unfair or inappropriate to have wealthy seniors pay more for their Medicare coverage. So I support means testing in principle. But I am not sure that the means testing scheme in this bill is either fair or appropriate—and I think we ought to be sure of both before we make such a significant change in this program.

This legislation was just drafted last week. Until noon yesterday—Tuesday—this bill would have charged wealthier seniors higher deductibles under part B. But, then at midday, just a couple of hours before we voted on this issue, the bill was changed so that retirees with greater income would pay higher premiums, not higher deductibles. The fact that this last minute change was made just exemplifies the problem of trying to address this issue with haste.

The premium increases in this budget bill are very substantial, and they would hit individuals with incomes over \$50,000 and couples with incomes over \$75,000. But we really do not know yet what the effect of these increases would be on these families, or on the Medicare system itself. This is why we need to proceed with greater caution.

What we do in this budget bill—and what we must do—is what we have done many times in the last 30 years: Make the changes necessary to ensure the solvency of the Medicare Hospital Trust Fund over the next 10 years. To address the long-term concerns once the baby boom generation reaches retirement age, I have previously called for the establishment of a bipartisan commission to study the situation and make recommendations. This bill establishes just such a commission, and instructs it to report back to Congress in a year.